

# **ASSISTANCE DOG SPECIAL ALLOWANCE (ADSA) PROGRAM APPLICATION FOR BENEFITS FOR RECIPIENTS OF SOCIAL SECURITY DISABILITY INSURANCE (SSDI) BENEFITS**

---

## **INSTRUCTIONS**

This form is used by recipients of federal Social Security Disability Insurance (SSDI) benefits who use a guide, signal or service dog and wish to apply for additional benefits under the Assistance Dog Special Allowance (ADSA) program. Please do not use this form unless you currently receive Social Security Disability Insurance (SSDI).

## **IMPORTANT**

Before mailing this form, please attach a benefit statement from the Social Security Administration (must be dated this year) showing that you receive SSDI benefits. If you are unsure how to obtain a benefit statement from the Social Security Administration, please call your local SSA office or go to [ssa.gov](http://ssa.gov) for more information.

If you wish to apply for ADSA benefits and you currently receive Supplemental Security Income/State Supplementary Payment (SSI/SSP), In-Home Supportive Services (IHSS) and/or Cash Assistance Program for Immigrants (CAPI), please do not use this form. Use Form ADSA 1 instead.

If you already receive ADSA for your guide, signal or service dog and you are applying to receive continuing benefits, please do not use this form. Use the redetermination form, Form ADSA 1A, instead.

---

## **SECTION 1: PERSONAL INFORMATION**

a. Your name (first name, middle, last name):

b. Social Security number\*: \_\_\_\_\_

c. Are you completing this application for someone else?

☐ Yes ☐ No

If you checked “yes” above, please state your relationship to the applicant: \_\_\_\_\_

d. Are you married?

☐ Yes ☐ No

e. Did you ever use any other names (including maiden name)?

☐ Yes ☐ No

If you checked “yes” above, please note your new name below:

f. Have you applied for the ADSA benefit in the past? ☐ Yes ☐ No

If you answered “yes” to the above, did you receive benefits?

☐ Yes ☐ No

\*Your Social Security Number is being requested, as authorized by federal law (42 USC §405). This information will be used as an identifier for recordkeeping purposes as well as to determine your eligibility for ADSA benefits and coordinate information with other public agencies.

The Welfare and Institutions Code Section 12553 and the California Department of Social Services’ (CDSS) Manual of Policies and Procedures (MPP) Section 46-430.34 authorize the CDSS to collect and maintain the information on this form to administer the ADSA program.

## **SECTION 2: LANGUAGE AND DISABILITY ACCESS**

a. Do you need help reading this application?

☐ Yes ☐ No

b. Do you need help applying for ADSA due to a disability?

☐ Yes ☐ No

c. What language do you prefer to read (if not English)?

d. What language do you prefer to speak (if not English)?

- e. A Braille version of this application is available. Would you prefer to complete a Braille version of this application? ☐ Yes ☐ No

---

### SECTION 3: RESIDENCE AND CONTACT INFORMATION

- a. Email address: \_\_\_\_\_
- b. Phone number (with area code): \_\_\_\_\_
- c. What county do you live in? \_\_\_\_\_
- d. Mailing address (number and street or P.O. Box, city, state, zip code): \_\_\_\_\_
- e. Home address (if different than mailing address): \_\_\_\_\_
- f. Are you homeless? ☐ Yes ☐ No  
("Homeless" means you do not have a regular place to sleep at night or you sleep in a temporary location such as a shelter or motel room or you sleep in a place not meant for human habitation, such as a car, train or bus station, airport or abandoned building, or you sleep outdoors or you are temporarily "doubled up" with other people because you are unable to pay for your own place to live.)

---

### SECTION 4: DISABILITY INFORMATION

- a. Check one that best describes you and your assistance dog:
- ☐ Blind with Guide Dog
  - ☐ Deaf or Hard of Hearing with Signal Dog
  - ☐ Other with Service Dog
- b. If you checked "Other with Service Dog," please provide a brief description of your disability below:

**SECTION 5: GUIDE, SIGNAL OR SERVICE DOG INFORMATION**

- a. Dog's name: \_\_\_\_\_
- b. Dog's age: \_\_\_\_\_
- c. Dog's weight: \_\_\_\_\_
- d. Breed: \_\_\_\_\_
- e. Date on which you acquired your dog: \_\_\_\_\_
- f. Name of person or facility that trained your dog: \_\_\_\_\_
- g. What task(s) or work is your dog trained to do? Be specific.

**SECTION 6: LIVING ARRANGEMENTS**

Please list the name of each person other than your spouse living with you in your home. (Need room for more names? Please add an extra sheet.)

Name	Birthdate	Social Security No.	Student	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION 7: PROPERTY INFORMATION**

a. Do you or your spouse own property that you rent or lease?

☐ Yes ☐ No

b. Do you or your spouse own more than one automobile?

☐ Yes ☐ No

c. If you checked “yes” to Item b above, please list the make, model and year of all automobiles owned by you and your spouse:

**SECTION 8: LIQUID RESOURCE INFORMATION**

Please indicate the value of each type of asset listed below owned by you and/or your spouse.

You and your spouse's joint account(s)		\$
Cash on hand (kept on your person or at home)	Yours \$	Spouse's \$
Savings, credit union and/ or trust funds	Yours \$	Spouse's \$
Stocks, bonds, mutual funds, deeds	Yours \$	Spouse's \$
IRAs, money market funds	Yours \$	Spouse's \$
Checking account(s)	Yours \$	Spouse's \$
Savings accounts(s)	Yours \$	Spouse's \$

**SECTION 9: INCOME INFORMATION**

For each type of benefit listed below that you and/or your spouse receive, please list the amount received each month.

Social Security Disability Income (SSDI)	Yours \$	Spouse's \$
Supplemental Security Income (SSI)	Yours \$	Spouse's \$
State Supplementary Payment (SSP)	Yours \$	Spouse's \$
Social Security Retirement Benefits	Yours \$	Spouse's \$
State Disability/ Unemployment Insurance	Yours \$	Spouse's \$
Veteran's Pension Compensation	Yours \$	Spouse's \$
Other Government Pension or Retirements	Yours \$	Spouse's \$
Private Pension or Retirements	Yours \$	Spouse's \$
Alimony	Yours \$	Spouse's \$
Interests Dividends/ Royalties	Yours \$	Spouse's \$
Workers Compensation	Yours \$	Spouse's \$
Other	Yours \$	Spouse's \$

---

**SECTION 10: ASSIGNMENT OF BANKING INSTITUTION OR DESIGNATED PAYEE FOR CHECK DELIVERY**  
***(NOTE: THESE ARE NOT DIRECT DEPOSIT INSTRUCTIONS.)***

*Complete the following only if you want your check MAILED to an address other than your own. Otherwise, please skip to Section 11.*

- a. Name of bank or payee: \_\_\_\_\_
- b. Account number (if applicable): \_\_\_\_\_
- c. Mailing address (number and street or P. O. Box, city, state, zip code): \_\_\_\_\_
- 

---

**SECTION 11: SIGNATURE**  
***(NOTE: PLEASE READ ENTIRE STATEMENT BEFORE SIGNING.)***

I understand and agree that I must notify the California Department of Social Services (CDSS) promptly if there is any change in any of the information provided on this application.

I agree to meet all ADSA program requirements and responsibilities and to comply with the ADSA program rules.

I understand that the CDSS may verify the information provided on this application and I hereby consent to this verification.

I understand and agree to provide, upon request, information or documents to prove the information I have provided here is true and correct. This information will be kept confidential.

I declare under penalty of perjury (making false statements) under the laws of the State of California that the foregoing is true and correct.

---

Applicant signature:

Date:

---

Signature of person completing this form for the applicant:

Date:

---

Phone number (with area code) of person completing this form for the applicant:

## **REMINDER**

**Please include your SSDI Benefit statement with this form.**

**Please send your application to the CDSS ADSA Program at:**  
Assistance Dog Special Allowance Program  
California Department of Social Services  
744 P Street, MS 9-11-91  
Sacramento, CA 95814

**For more information, you may contact us at:**

(916) 657-2628

(916) 653-7890 TTY

(916) 653-4001 Fax

ADSAUser@dss.ca.gov

---

The laws and regulations governing this program are:  
Welfare and Institutions Code Sections 12553 and 12554, and  
California Department of Social Services Manual of Policies and  
Procedure, Section 46-430 et seq.